

Fill in this information to identify the case:

United States Bankruptcy Court for the:

Western District of Texas

Case number (if known): Chapter 11

☐ Check if this is an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name

Integrative Medical Home Care, PLLC

2. All other names debtor used in the last 8 years

Include any assumed names, trade names, and *doing business as names*

3. Debtor's federal Employer Identification Number (EIN)

8 3 - 1 4 8 1 3 7 7

4. Debtor's address

Principal place of business

1000 Heritage Center Circle
 Number Street
 Round Rock, TX 78664
 City State ZIP Code
 Williamson
 County

Mailing address, if different from principal place of business

Number Street
 City State ZIP Code

Location of principal assets, if different from principal place of business

Number Street
 City State ZIP Code

5. Debtor's website (URL)

www.imedicalhomecare.com

6. Type of debtor

- ☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
- ☐ Partnership (excluding LLP)
- ☐ Other. Specify: _____

Debtor Integrative Medical Home Care, PLLC
Name

Case number (if known) _____

7. Describe debtor's business**A. Check one:**

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply:

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

6 2 1 1

8. Under which chapter of the Bankruptcy Code is the debtor filing?

A debtor who is a "small business debtor" must check the first subbox. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box

Check one:

- ☐ Chapter 7
- ☐ Chapter 9

☒ **Chapter 11. Check all that apply:**

- ☒ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☒ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11.** If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

☒ No

☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYY

District _____ When _____ Case number _____
MM / DD / YYYY

If more than 2 cases, attach a separate list.

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

☒ No

☐ Yes. Debtor _____ Relationship _____
District _____ When _____
MM / DD / YYYY

Case number, if known _____

List all cases. If more than 1, attach a separate list.

Debtor Integrative Medical Home Care, PLLC
Name

Case number (if known) _____

11. Why is the case filed in *this* district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard?

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other _____

Where is the property? _____

Number Street

City

State

ZIP Code

Is the property insured?

☐ No

☐ Yes. Insurance agency _____
Contact name _____
Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds?

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors

- ☒ 1-49 ☐ 50-99 ☐ 1,000-5,000 ☐ 5,001-10,000 ☐ 25,001-50,000 ☐ 50,000-100,000
- ☐ 100-199 ☐ 200-999 ☐ 10,001-25,000 ☐ More than 100,000

15. Estimated assets

- ☐ \$0-\$50,000 ☐ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion
- ☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion
- ☒ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion
- ☐ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

Debtor Integrative Medical Home Care, PLLC
Name

Case number (if known) _____

16. Estimated liabilities

- | | | |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input checked="" type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Request for Relief, Declaration, and Signatures**WARNING --**

Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

- The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
- I have been authorized to file this petition on behalf of the debtor.
- I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 04/12/2024
MM/ DD/ YYYY

X/s/ Yun Kim, MD

Signature of authorized representative of debtor

Yun Kim, MD

Printed name

Title President**18. Signature of attorney****X**/s/ Frank B Lyon

Signature of attorney for debtor

Date 04/12/2024

MM/ DD/ YYYY

Frank B Lyon

Printed name

Frank B Lyon

Firm name

PO Box 50210

Number Street

Austin

City

TX

State

78763-0210

ZIP Code

(512) 345-8964

Contact phone

frank@franklyon.com

Email address

12739800

Bar number

TX

State

Fill in this information to identify the case:

Debtor Name Integrative Medical Home Care, PLLCUnited States Bankruptcy Court for the: Western District of Texas
(State)

Case number (if known): _____

☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets — Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. Cash on hand

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Bank of AmericaChecking account2 2 3 8\$16,828.263.2. FrostChecking account2 6 5 6\$2,931.15

4. Other cash equivalents (Identify all)

4.1 _____

4.2 _____

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$19,759.41

Part 2: Deposits and prepayments

6. Does the debtor have any deposits or prepayments?

- ☐ No. Go to Part 3.
☒ Yes. Fill in the information below.

Current value of debtor's interest

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1 Heritage Office Suites\$699.00

Debtor Integrative Medical Home Care, PLLC
Name

Case number (if known) _____

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1 _____

8.2 _____

9. Total of Part 2

Add lines 7 through 8. Copy the total to line 81.

\$699.00**Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?**☐ No. Go to Part 4.☒ Yes. Fill in the information below.**Current value of
debtor's interest****11. Accounts receivable**

11a. 90 days old or less:	<u>\$220,753.49</u>	-	<u>\$100,495.18</u>	=..... →	<u>\$120,258.31</u>
	face amount		doubtful or uncollectible accounts		

11b. Over 90 days old:	<u>\$49,920.96</u>	-	<u>\$20,890.60</u>	=..... →	<u>\$29,030.36</u>
	face amount		doubtful or uncollectible accounts		

12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$149,288.67**Part 4: Investments****13. Does the debtor own any investments?**☒ No. Go to Part 5.☐ Yes. Fill in the information below.**Valuation method used
for current value****Current value of
debtor's interest****14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1 _____

14.2 _____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of

ownership:

15.1. _____

15.2. _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

Debtor Integrative Medical Home Care, PLLC
Name

Case number (if known) _____

16.1 _____

16.2 _____

17. **Total of Part 4**

Add lines 14 through 16. Copy the total to line 83.

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Part 5: Inventory, excluding agriculture assets18. **Does the debtor own any inventory (excluding agriculture assets)?**☒ No. Go to Part 6.☐ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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19. **Raw materials**

_____	MM / DD / YYYY	_____	_____	_____
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20. **Work in progress**

_____	MM / DD / YYYY	_____	_____	_____
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21. **Finished goods, including goods held for resale**

_____	MM / DD / YYYY	_____	_____	_____
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22. **Other inventory or supplies**

_____	MM / DD / YYYY	_____	_____	_____
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23. **Total of Part 5**

Add lines 19 through 22. Copy the total to line 84.

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24. **Is any of the property listed in Part 5 perishable?**☒ No☐ Yes25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**☒ No☐ Yes. Book value _____ Valuation method _____ Current value _____26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**☒ No☐ Yes**Part 6:** Farming and fishing-related assets (other than titled motor vehicles and land)27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**☒ No. Go to Part 7.☐ Yes. Fill in the information below.

Debtor Integrative Medical Home Care, PLLC
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Case number (if known) _____

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested			
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish			
30. Farm machinery and equipment (Other than titled motor vehicles)			
31. Farm and fishing supplies, chemicals, and feed			
32. Other farming and fishing-related property not already listed in Part 6			
33. Total of Part 6 Add lines 28 through 32. Copy the total to line 85.			<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
34. Is the debtor a member of an agricultural cooperative?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Is any of the debtor's property stored at the cooperative? <input type="checkbox"/> No <input type="checkbox"/> Yes			
35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Book value _____ Valuation method _____ Current value _____			
36. Is a depreciation schedule available for any of the property listed in Part 6?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
37. Has any of the property listed in Part 6 been appraised by a professional within the last year?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Part 7: Office furniture, fixtures, and equipment; and collectibles			
38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?			
<input type="checkbox"/> No. Go to Part 8. <input checked="" type="checkbox"/> Yes. Fill in the information below.			
General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			

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Case number (if known) _____

	<u>2 Office Chairs</u>	<u>unknown</u>	<u>Estimate</u>	<u>\$150.00</u>
40.	Office fixtures			
	<u>2 File Cabinets</u>	<u>unknown</u>	<u>Estimate</u>	<u>\$100.00</u>
	<u>Shelving</u>	<u>unknown</u>	<u>Estimate</u>	<u>\$25.00</u>
	<u>Office Supplies</u>	<u>\$100.00</u>	<u>Estimate</u>	<u>\$100.00</u>
41.	Office equipment, including all computer equipment and communication systems equipment and software			
	<u>Medical Supplies</u>	<u>\$1,000.00</u>	<u>Estimate</u>	<u>unknown</u>
	<u>Shredder</u>	<u>unknown</u>	<u>Estimate</u>	<u>\$100.00</u>
	<u>Medical Equipment</u>	<u>unknown</u>	<u>Estimate</u>	<u>\$200.00</u>
	<u>Microsoft Surface Pen</u>	<u>unknown</u>	<u>Estimate</u>	<u>\$100.00</u>
	<u>Samsung Galaxy Tablet S7 FE 5G</u>	<u>unknown</u>	<u>Estimate</u>	<u>\$300.00</u>
	<u>Lenovo Office Laptop</u>	<u>unknown</u>	<u>Estimate</u>	<u>\$100.00</u>
	<u>2 Lenovo PCs</u>	<u>unknown</u>	<u>Estimate</u>	<u>\$200.00</u>
	<u>2 Hewlett Packard PCs</u>	<u>unknown</u>	<u>Estimate</u>	<u>\$200.00</u>
	<u>6 HP Office Laptops</u>	<u>unknown</u>	<u>Estimate</u>	<u>\$600.00</u>
	<u>5 Computer Monitors</u>	<u>unknown</u>	<u>Estimate</u>	<u>\$300.00</u>
	<u>3 Printers</u>	<u>unknown</u>	<u>Estimate</u>	<u>\$300.00</u>
	<u>3 Scanners</u>	<u>unknown</u>	<u>Estimate</u>	<u>\$300.00</u>
	<u>Printer/Fax Machine</u>	<u>unknown</u>	<u>Estimate</u>	<u>\$100.00</u>
	<u>8 to 10 Office Phones</u>	<u>unknown</u>	<u>Estimate</u>	<u>\$300.00</u>
42.	Collectibles <i>Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles</i>			
42.1	_____	_____	_____	_____
42.2	_____	_____	_____	_____
42.3	_____	_____	_____	_____
43.	Total of Part 7			\$3,475.00
	Add lines 39 through 42. Copy the total to line 86.			
44.	Is a depreciation schedule available for any of the property listed in Part 7?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			
45.	Has any of the property listed in Part 7 been appraised by a professional within the last year?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			
Part 8: Machinery, equipment, and vehicles				

Debtor Integrative Medical Home Care, PLLC
Name

Case number (if known) _____

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	(Where available)		
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1 _____	_____	_____	_____
47.2 _____	_____	_____	_____
47.3 _____	_____	_____	_____
47.4 _____	_____	_____	_____
48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1 _____	_____	_____	_____
48.2 _____	_____	_____	_____
49. Aircraft and accessories			
49.1 _____	_____	_____	_____
49.2 _____	_____	_____	_____
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			
_____	_____	_____	_____

51. **Total of Part 8**

Add lines 47 through 50. Copy the total to line 87.

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☒ No
- ☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☐ No. Go to Part 10.
- ☒ Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Debtor Integrative Medical Home Care, PLLC
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Case number (if known) _____

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 <u>Heritage Office Suites # 122 - Debtor's business office / 1000 Heritage Center Circle Round Rock, TX 78664</u>	<u>Lease</u>	<u>unknown</u>		<u>\$1.00</u>
56. Total of Part 9 Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.				<u>\$1.00</u>
57. Is a depreciation schedule available for any of the property listed in Part 9? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
58. Has any of the property listed in Part 9 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
Part 10: Intangibles and intellectual property				
59. Does the debtor have any interests in intangibles or intellectual property? <input type="checkbox"/> No. Go to Part 11. <input checked="" type="checkbox"/> Yes. Fill in the information below.				
General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest	
60. Patents, copyrights, trademarks, and trade secrets _____	_____	_____	_____	
61. Internet domain names and websites <u>www.imedicalhomecare.com</u>	<u>unknown</u>	<u>Estimate</u>	<u>\$100.00</u>	
62. Licenses, franchises, and royalties _____	_____	_____	_____	
63. Customer lists, mailing lists, or other compilations <u>Patient list</u>	<u>unknown</u>	_____	<u>unknown</u>	
64. Other intangibles, or intellectual property _____	_____	_____	_____	
65. Goodwill _____	_____	_____	_____	

Debtor Integrative Medical Home Care, PLLC
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Case number (if known) _____

66. **Total of Part 10**

Add lines 60 through 65. Copy the total to line 89.

\$100.0067. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107)?☒ No☐ Yes68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**☒ No☐ Yes69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**☒ No☐ Yes**Part 11:** All other assets70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.☒ Yes. Fill in the information below.**Current value of
debtor's interest**71. **Notes receivable**

Description (include name of obligor)

_____	_____	—	_____	= →	_____
	Total face amount		doubtful or uncollectible amount		

72. **Tax refunds and unused net operating losses (NOLs)**

Description (for example, federal, state, local)

_____	Tax year _____	_____
_____	Tax year _____	_____
_____	Tax year _____	_____

73. **Interests in insurance policies or annuities**

<u>Texas Medical Insurance Company - Andrea De Luna, PA - professional liability</u>	<u>\$1.00</u>
<u>Texas Medical Insurance Company - Emily Wilder Weissgarber, NP - professional liability</u>	<u>\$1.00</u>
<u>Texas Medical Insurance Company - Shakea Patrice Rogers, NP - professional liability</u>	<u>\$1.00</u>
<u>Texas Medical Insurance Company - Javier Montelongo, NP - professional liability</u>	<u>\$1.00</u>
<u>Texas Medical Insurance Company - Hisako Heidi Frank, NP</u>	<u>\$1.00</u>
<u>Texas Mutual Insurance Company - workers comp</u>	<u>\$1.00</u>
<u>Texas Medical Insurance Company Yun Kim, MD professional liability</u>	<u>\$1.00</u>
<u>Texas Medical Liability Trust Daniel Thomas, MD - professional liability</u>	<u>\$1.00</u>
<u>Texas Medical Insurance Company - Leigh Alexandra Balatgek, PA - professional liability</u>	<u>\$1.00</u>
<u>Commercial General Liability Farmers Insurance Group of Companies</u>	<u>\$1.00</u>

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	Principal Life Insurance Co - debtor sponsored life insurance for employees	\$1.00
74.	Causes of action against third parties (whether or not a lawsuit has been filed)	
	_____	_____
	Nature of claim _____	
	Amount requested _____	
75.	Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims	
	_____	_____
	Nature of claim _____	
	Amount requested _____	
76.	Trusts, equitable or future interests in property	
	_____	_____
77.	Other property of any kind not already listed <i>Examples:</i> Season tickets, country club membership	
	_____	_____
	_____	_____
78.	Total of Part 11	\$11.00
	Add lines 71 through 77. Copy the total to line 90.	
79.	Has any of the property listed in Part 11 been appraised by a professional within the last year?	
	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Debtor Integrative Medical Home Care, PLLC
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Case number (if known) _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	<u>\$19,759.41</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$699.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$149,288.67</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u> </u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u> </u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u> </u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$3,475.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u> </u>	
88. Real property. <i>Copy line 56, Part 9.</i> →		<u>\$1.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$100.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$11.00</u>	
91. Total. Add lines 80 through 90 for each column.....91a.	<u>\$173,333.08</u>	+ 91b. <u>\$1.00</u>
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		<u>\$173,334.08</u>

Fill in this information to identify the case:

Debtor name Integrative Medical Home Care, PLLCUnited States Bankruptcy Court for the: Western District of Texas
(State)

Case number (if known): _____

☐ Check if this is an amended filingOfficial Form 206D**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.**1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A
Amount of claim
Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

2.1 Creditor's nameAmsterdam Capital Solutions**Describe debtor's property that is subject to a lien**Patient, Primary Insurance, Secondary Insurance,
Patient, Primary Insurance, Secondary Insurance\$27,348.00\$149,288.67**Creditor's mailing address**135 E 57th Street Floor 15**Describe the lien**Merchant Funding AgreementNew York, NY 10022**Creditor's email address, if known****Is the creditor an insider or related party?**

- ☒ No
- ☐ Yes

Date debt was incurred 11/14/2023**Is anyone else liable on this claim?**

- ☐ No
- ☒ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

Last 4 digits of account number **Do multiple creditors have an interest in the same property?**

- ☐ No
- ☒ Yes. Specify each creditor, including this creditor, and its relative priority.

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

See continuation page.**3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.**\$376,534.54

Debtor Integrative Medical Home Care, PLLC
Name

Case number (if known) _____

Part 1: Additional Page

Column A

Amount of claim

Do not deduct the value
of collateral.

Column B

Value of collateral
that supports this
claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.2 Creditor's name <u>Biz Fund</u> Creditor's mailing address <u>2371 McDonald Avenue 2nd Floor</u> <u>Brooklyn, NY 11223</u> Creditor's email address, if known _____ Date debt was incurred <u>12/14/2023</u> Last 4 digits of account number ____ Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____ <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1</u>	Describe debtor's property that is subject to a lien <u>Patient, Primary Insurance, Secondary Insurance, Patient, Primary Insurance, Secondary Insurance</u> Describe the lien <u>Merchant Funding Agreement</u> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H). As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$22,220.00</u> <u>\$149,288.67</u>
--	---	---

Part 1: Additional Page		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.			
2.3	Creditor's name On Deck Capital	Describe debtor's property that is subject to a lien Patient. Primary Insurance. Secondary Insurance. Patient. Primary Insurance. Secondary Insurance	Amount of claim \$326,966.54
	Creditor's mailing address 4700 W. Daybreak Pkwy. #200 South Jordan, UT 84009	Describe the lien Merchant Funding Agreement	Value of collateral that supports this claim \$149,288.67
	Creditor's email address, if known 	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Date debt was incurred 01/04/2024	Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).	
	Last 4 digits of account number 4 2 3 0	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____		
	<input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines 2.1		

Debtor Integrative Medical Home Care, PLLC
Name

Case number (if known) _____

Part 1: Additional Page

2.1 Creditor's name

Amsterdam Capital Solutions

Specify each creditor, including this creditor, and its relative priority.

For Patient: 1) On Deck Capital; **2) Amsterdam Capital Solutions**; 3) Biz Fund; For Primary Insurance: 1) On Deck Capital; **2) Amsterdam Capital Solutions**; 3) Biz Fund; For Secondary Insurance: 1) On Deck Capital; **2) Amsterdam Capital Solutions**; 3) Biz Fund; For Patient: 1) On Deck Capital; **2) Amsterdam Capital Solutions**; 3) Biz Fund; For Primary Insurance: 1) On Deck Capital; **2) Amsterdam Capital Solutions**; 3) Biz Fund; For Secondary Insurance: 1) On Deck Capital; **2) Amsterdam Capital Solutions**; 3) Biz Fund

Debtor Integrative Medical Home Care, PLLC
Name

Case number (if known) _____

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.****If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.**

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
Brian Schecter 315 Ave U Brooklyn, NY 11223	Line 2. <u>2</u>	_____
_____ _____ _____	Line 2. ____	_____
_____ _____ _____	Line 2. ____	_____
_____ _____ _____	Line 2. ____	_____
_____ _____ _____	Line 2. ____	_____
_____ _____ _____	Line 2. ____	_____
_____ _____ _____	Line 2. ____	_____
_____ _____ _____	Line 2. ____	_____
_____ _____ _____	Line 2. ____	_____

Fill in this information to identify the case:

Debtor name Integrative Medical Home Care, PLLC

United States Bankruptcy Court for the:

Western District of Texas

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507)☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.**2.1** Priority creditor's name and mailing addressInternal Revenue ServiceCCP-LU Amanda Bowman12309 N. Mopac ExpwyAustin, TX 78758Date or dates debt was incurred
_____Last 4 digits of account
number _____Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Basis for the Claim:

Payroll taxes

Is the claim subject to offset?

☒ No☐ Yes

Total claim

\$340,966.97

Priority amount

\$340,966.97**2.2** Priority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim:

Date or dates debt was incurred
_____Last 4 digits of account
number _____Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) _____

Is the claim subject to offset?

☐ No☐ Yes

Debtor Integrative Medical Home Care, PLLC

Name

Case number (if known) _____

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim**3.1 Nonpriority creditor's name and mailing address**Mariah Barnes14735 East Highway 215Stockton, MO 65785

Date or dates debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is:*Check all that apply.*☐ Contingent☐ Unliquidated☐ Disputed**Basis for the claim:** Postponed payroll**Is the claim subject to offset?**☒ No☐ Yes\$3,338.51**3.2 Nonpriority creditor's name and mailing address**Thomas Daniel, MD104 Wolf Creek WayRound Rock, TX 78664

Date or dates debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is:*Check all that apply.*☐ Contingent☐ Unliquidated☐ Disputed**Basis for the claim:** Postponed payroll**Is the claim subject to offset?**☒ No☐ Yes\$38,160.00**3.3 Nonpriority creditor's name and mailing address**Yun W. Kim, MD2412 Arbor DriveRound Rock, TX 78681

Date or dates debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is:*Check all that apply.*☐ Contingent☐ Unliquidated☐ Disputed**Personal Loans, tax
payments made on behalf
of IMHC****Basis for the claim:** _____**Is the claim subject to offset?**☒ No☐ Yes\$240,887.97**3.4 Nonpriority creditor's name and mailing address****As of the petition filing date, the claim is:***Check all that apply.*☐ Contingent☐ Unliquidated☐ Disputed**Basis for the claim:** _____**Is the claim subject to offset?**☐ No☐ Yes

Debtor **Integrative Medical Home Care, PLLC**
Name

Case number (if known) _____

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**5. Add the amounts of priority and nonpriority unsecured claims.****Total of claim amounts**5a. **Total claims from Part 1**5a. **\$340,966.97**5b. **Total claims from Part 2**5b. **+** **\$282,386.48**5c. **Total of Parts 1 and 2**
Lines 5a + 5b = 5c.5c. **\$623,353.45**

Fill in this information to identify the case:

Debtor name Integrative Medical Home Care, PLLC

United States Bankruptcy Court for the:

Western District of TexasCase number (if known): _____ Chapter 11☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	State what the contract or lease is for and the nature of the debtor's interest	<u>Provider Agreement</u>	<u>Aetna Medicare South Central Network</u>
		<u>Contract to be ASSUMED</u>	<u>Network Management</u>
	State the term remaining	<u>0 months</u>	<u>P O Box 818042</u>
	List the contract number of any government contract		<u>Cleveland, OH 44181-8042</u>
2.2	State what the contract or lease is for and the nature of the debtor's interest	<u>Provider Agreement</u>	<u>BCBS Medicare Advantage</u>
		<u>Contract to be ASSUMED</u>	<u>1001 E. Lookout Drive</u>
	State the term remaining	<u>0 months</u>	<u>Richardson, TX 75082</u>
	List the contract number of any government contract		
2.3	State what the contract or lease is for and the nature of the debtor's interest	<u>Provider Agreement</u>	<u>BCBS of Texas</u>
		<u>Contract to be ASSUMED</u>	<u>Arboretum Plaza II</u>
	State the term remaining	<u>0 months</u>	<u>9442 Capital of Texas Hwy N Suite 500</u>
	List the contract number of any government contract		<u>Austin, TX 78759-7228</u>
2.4	State what the contract or lease is for and the nature of the debtor's interest	<u>Provider Group Services Agreement</u>	<u>Cigna</u>
		<u>Contract to be ASSUMED</u>	<u>AVP Provider of Contracting</u>
	State the term remaining	<u>0 months</u>	<u>2088 North Loop West Suite 7</u>
	List the contract number of any government contract		<u>Houston, TX 77092</u>

Debtor Integrative Medical Home Care, PLLC
Name

Case number (if known) _____

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.5	State what the contract or lease is for and the nature of the debtor's interest	Office Lease Contract to be ASSUMED	Heritage Office Suites 1000 Heritage Center Circle
	State the term remaining	0 months	Round Rock, TX 78664
	List the contract number of any government contract		
2.6	State what the contract or lease is for and the nature of the debtor's interest	Physician Participation Agreement Contract to be ASSUMED	Humana 1221 S Mopac Expy Suite 300
	State the term remaining	0 months	Austin, TX 78746-7664
	List the contract number of any government contract		
2.7	State what the contract or lease is for and the nature of the debtor's interest	Provider Contract Contract to be ASSUMED	Medicare Novitas Solutions Cashier
	State the term remaining	0 months	PO Box Box 3106
	List the contract number of any government contract		Mechanicsburg, PA 17055-1822
2.8	State what the contract or lease is for and the nature of the debtor's interest	EDI Agreement Contract to be ASSUMED	Railroad Medicare/Palmetto GBA PO Box Box 10066
	State the term remaining	0 months	Augusta, GA 30999-0001
	List the contract number of any government contract		
2.9	State what the contract or lease is for and the nature of the debtor's interest	Group Primary Care Physician Agreement Contract to be ASSUMED	WellMed Networks, Inc. 8637 Fredricksburg Road Suite 360
	State the term remaining	0 months	San Antonio, TX 78240
	List the contract number of any government contract		

Fill in this information to identify the case:

Debtor name Integrative Medical Home Care, PLLC

United States Bankruptcy Court for the: Western District of Texas
(State)

Case number (If known): _____

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, **Schedules D-G**. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the code debtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.1 Yun W. Kim, MD	2412 Arbor Drive Street Round Rock, TX 78681 City State ZIP Code	Biz Fund	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		On Deck Capital	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		Amsterdam Capital Solutions	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		Internal Revenue Service	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.2 _____	_____ Street _____ City State ZIP Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3 _____	_____ Street _____ City State ZIP Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor Integrative Medical Home Care, PLLC
Name

Case number (if known) _____

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.4	<div>_____</div> <div>Street</div> <div>_____</div> <div>_____</div> <div>City State ZIP Code</div>	<div>_____</div> <div> <input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G </div>	
2.5	<div>_____</div> <div>Street</div> <div>_____</div> <div>_____</div> <div>City State ZIP Code</div>	<div>_____</div> <div> <input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G </div>	
2.6	<div>_____</div> <div>Street</div> <div>_____</div> <div>_____</div> <div>City State ZIP Code</div>	<div>_____</div> <div> <input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G </div>	

Fill in this information to identify the case:

Debtor name Integrative Medical Home Care, PLLC

United States Bankruptcy Court for the:

Western District of TexasCase number (if known): _____ Chapter 11☐ Check if this is an amended filing**Official Form 206Sum****Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1:** Summary of Assets**1. Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)**1a. Real Property:**Copy line 88 from *Schedule A/B*.....\$1.00**1b. Total personal property:**Copy line 91A from *Schedule A/B*.....\$173,333.08**1c. Total of all property:**Copy line 92 from *Schedule A/B*.....\$173,334.08**Part 2:** Summary of Liabilities**2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*.....\$376,534.54**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*.....\$340,966.97**3b. Total amount of claims of non-priority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*.....**+** \$282,386.48**4. Total liabilities**.....

Lines 2 + 3a + 3b

\$999,887.99

Fill in this information to identify the case:

Debtor name Integrative Medical Home Care, PLLC

United States Bankruptcy Court for the:

Western District of Texas

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy** **04/22**

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply

Gross revenue

(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 01/01/2024 to Filing date
MM/ DD/ YYYY☒ Operating a business\$305,251.56☐ Other _____

For prior year:

From 01/01/2023 to 12/31/2023
MM/ DD/ YYYY MM/ DD/ YYYY☒ Operating a business\$1,182,889.09☒ Other ERC \$116, 196 of total

For the year before that:

From 01/01/2022 to 12/31/2022
MM/ DD/ YYYY MM/ DD/ YYYY☒ Operating a business\$1,152,795.00☐ Other _____**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None

Description of sources of revenue

Gross revenue from each source

(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 01/01/2024 to Filing date
MM/ DD/ YYYY

For prior year:

From 01/01/2023 to 12/31/2023
MM/ DD/ YYYY MM/ DD/ YYYY

For the year before that:

From 01/01/2022 to 12/31/2022
MM/ DD/ YYYY MM/ DD/ YYYY

Name

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer Check all that apply
3.1. On Deck Capital Creditor's name 4700 W. Daybreak Pkwy. #200 Street South Jordan, UT 84009 City State ZIP Code	01/03/2024 01/11/2024 01/18/2024 01/25/2024 02/01/2024 02/08/2024 02/22/2024	\$21,673.67	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other
3.2. Amsterdam Capital Solutions Creditor's name 135 E 57th Street Floor 15 Street New York, NY 10022 City State ZIP Code	01/04/2024 01/11/2024 01/18/2024 01/25/2024 02/01/2024 02/08/2024 02/22/2024 02/22/2024 02/29/2024	\$19,767.00	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other
3.3. Biz Fund Creditor's name 2371 McDonald Avenue 2nd Floor Street Brooklyn, NY 11223 City State ZIP Code	01/03/2024 01/10/2024 01/17/2024 01/24/2024 01/31/2024 02/07/2024 02/14/2024	\$22,590.00	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other

Name

02/21/2024

02/28/2024

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or co-signed by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. On Deck Capital	11/29/2023	\$35,914.32	MCA Lender auto debits
Creditor's name			
4700 W. Daybreak Pkwy. #200	12/06/2023		
Street	12/13/2023		
South Jordan, UT 84009	12/20/2023		
City State ZIP Code	12/27/2023		
Relationship to debtor			
None - Yun Kim, MD guarantor	01/03/2024		
	1/11/2024		
	1/18/2024		
	1/25/2024		
	2/1/2024		
	2/8/2024		
	2/22/2024		
4.2. Amsterdam Capital Solutions	11/30/2023	\$19,767.00	MCA lender auto debits
Creditor's name			
135 E 57th Street Floor 15	12/7/2023		
Street	12/14/2023		
New York, NY 10022	12/21/2023		
City State ZIP Code	12/28/2023		
Relationship to debtor			
None - Yun Kim, MD guarantor	2/8/2024		
	2/22/2024		
	2/22/2024		

Name

4.3.

Biz Fund

12/20/2024

\$22,590.00

MCA lender - auto debits

Creditor's name

2371 McDonald Avenue 2nd Floor

12/27/2024

Street

1/3/2024

Brooklyn, NY 11223

1/10/2024

City

State

ZIP Code

Relationship to debtor

1/17/2024

None - Yun Kim, MD guarantor

1/24/2024

1/31/2024

2/7/2024

2/14/2024

2/21/2024

2/28/2024

4.4.

Sequoia Tax Relief

9/29/2023

\$9,000.00

Payroll tax negotiations with IRS

Creditor's name

1490 W. 121st Ave. 201

10/30/2023

Street

11/27/2023

Denver, CO 80234

2/1/2024

City

State

ZIP Code

Relationship to debtor

None - Yun Kim, MD responsible party for payroll tax liability

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Description of the property	Date	Value of property
-----------------------------	-----------------------------	------	-------------------

5.1.

Creditor's name

Street

City

State

ZIP Code

Name

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
6.1. <div>Creditor's name</div> <div>Street</div> <div>City</div> <div>State</div> <div>ZIP Code</div>	XXXX- - - - -		

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None

Case title	Nature of case	Court or agency's name and address	Status of case
7.1. <div>Bizfund LLC v Integrative Medical Home Care, Yun Kim MD and Yun Kim MD, PLLC</div> <div>Case number</div> <div>unknown</div>	Suit on MCA loan	<div>Supreme Court of NY, Kings County</div> <div>Name</div> <div>Street</div> <div>NY</div> <div>City</div> <div>State</div> <div>ZIP Code</div>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Custodian's name and address	Description of the property	Value
8.1. <div>Custodian's name</div> <div>Street</div> <div>City</div> <div>State</div> <div>ZIP Code</div>	<div>Case title</div> <div>Case number</div> <div>Date of order or assignment</div>	<div>Court name and address</div> <div>Name</div> <div>Street</div> <div>City</div> <div>State</div> <div>ZIP Code</div>

Name

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

9.1.	Recipient's name and address	Description of the gifts or contributions	Dates given	Value
	Recipient's name			
	Street			
	City	State	ZIP Code	
	Recipient's relationship to debtor			

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

10.1.	Description of the property lost and how the loss occurred	Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).	Date of loss	Value of property lost

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

Name

11.1.	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
	Frank B Lyon	Attorney's Fee - retainer	1/05/2024	\$3,500.00
	Address	Attorney's fee - retainer	3/29/2024	\$7,500.00
	PO Box 50210	Attorney's fee - retainer	04/03/2024	\$7,500.00
	Street			
	Austin, TX 78763-0210			
	City	State	ZIP Code	
	Email or website address			
	Who made the payment, if not debtor?			

11.2.	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
	Sequoia Tax Relief		9/29/2023	\$2,500.00
	Address		10/30/2023	\$2,500.00
	1490 W 121st Ave 201		11/27/2023	\$2,500.00
	Street		2/1/2024	\$1,500.00
	Denver, CO 80234			
	City	State	ZIP Code	
	Email or website address			
	Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None

12.1.	Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
	Trustee			

Name

13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None

13.1.	Who received the transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
	<div>Address</div> <div>Street</div> <div></div> <div>CityStateZIP Code</div> <div>Relationship to debtor</div> <div></div>			

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

	Address	Dates of occupancy	
14.1.	11207 North Lamar Boulevard Suite B	From	InceptionTo 03/2023
	Street		
	Austin, TX 78753		
	CityStateZIP Code		
14.1.	1000 Hertitage Center Circle 122	From	4/2023To present
	Street		
	Round Rock, TX 78664		
	CityStateZIP Code		

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:
—diagnosing or treating injury, deformity, or disease, or
—providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.

☐ Yes. Fill in the information below.

Facility name and address		Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1. _____ Facility name		_____	_____
_____		Location where patient records are maintained(if different from facility address). If electronic, identify any service provider.	How are records kept?
Street			
City	State	ZIP Code	Check all that apply:
_____			<input type="checkbox"/> Electronically
_____			<input type="checkbox"/> Paper

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

☐ No.

☒ Yes. State the nature of the information collected and retained. Health information, social security number, date of birth

Does the debtor have a privacy policy about that information?

☐ No

☒ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b) or other pension or profit-sharing plan made available by the debtor as an employee benefit?

☒ No. Go to Part 10.

☐ Yes. Does the debtor serve as plan administrator?

☐ No. Go to Part 10.

☐ Yes. Fill in below:

Name of plan	Employer identification number of the plan
_____	EIN: _ _ - _ _ _ _ _ _
Has the plan been terminated?	
<input type="checkbox"/> No	
<input type="checkbox"/> Yes	

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1 _____ Name	XXXX- _ _ _ _	<input type="checkbox"/> Checking	_____	_____
_____		<input type="checkbox"/> Savings		
Street		<input type="checkbox"/> Money market		
_____		<input type="checkbox"/> Brokerage		
_____		<input type="checkbox"/> Other		
City	State	ZIP Code		

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

19.1	Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
	<div>Name</div> <div>Street</div> <div>City</div> <div>State</div> <div>ZIP Code</div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div><input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div>

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

20.1	Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
	<div>Name</div> <div>Street</div> <div>City</div> <div>State</div> <div>ZIP Code</div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div><input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div>

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Owner's name and address	Location of the property	Description of the property	Value
<div>Name</div> <div>Street</div> <div>City</div> <div>State</div> <div>ZIP Code</div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Name

- ☒ **Hazardous material** means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

☒ No

☐ Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
	Name		<input type="checkbox"/> Pending
Case number	Street		<input type="checkbox"/> On appeal
			<input type="checkbox"/> Concluded
	City State ZIP Code		

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

☒ No

☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		
Street	Street		
City State ZIP Code	City State ZIP Code		

24. Has the debtor notified any governmental unit of any release of hazardous material?

☒ No

☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		
Street	Street		
City State ZIP Code	City State ZIP Code		

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None

Name

Business name and address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

25.1.

Name

Street

City State ZIP Code

EIN: - - - - -

Dates business existed

From To

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address

Dates of service

26a.1. Hua Gray, CPA

From 10/15/2018 To Present

Name

13002 Tapadero Drive

Street

Austin, TX 78727

City State ZIP Code

Name and address

Dates of service

26a.2. Mariah Barnes

From 10/15/2018 To Present

Name

14735 East Highway 215

Street

Stockton, MO 65785

City State ZIP Code

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

Name and address

Dates of service

26b.1.

From To

Name

Street

City State ZIP Code

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

26c.1.	Name and address	If any books of account and records are unavailable, explain why
	<div>Mariah Barnes Name 14735 East Highway 215 Street Stockton, MO 65785 City State ZIP Code</div>	<div>Custodian of business records</div>

26c.2.	Name and address	If any books of account and records are unavailable, explain why
	<div>Gara Castillo Name 3473 Pauling Loop Street Round Rock, TX 78665 City State ZIP Code</div>	<div>Custodian of medical records</div>

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

26d.1.	Name and address
	<div> Name Street City State ZIP Code</div>

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
<div></div>	<div></div>	<div></div>

27.1.	Name and address of the person who has possession of inventory records
	<div> Name Street City State ZIP Code</div>

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Debtor

Integrative Medical Home Care, PLLC

Case number (if known)

Name

Name	Address	Position and nature of any interest	% of interest, if any
Yun W. Kim, MD	2412 Arbor Drive Round Rock, TX 78681	President, Owner of debtor	100.00%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No

☐ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
------	---------	-------------------------------------	---

From _____ To _____

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No

☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1. Yun W. Kim, MD	\$1000.00	11/30/2023	Repayment of 10k loan made on 09/07/2023
Name	\$1000.00	11/24/2023	
2412 Arbor Drive	\$1,000.00	11/16/2023	
Street	\$1,000.00	11/09/2023	
Round Rock, TX 78681	\$1,000.00	11/02/2023	
City State ZIP Code	\$1,000.00	10/26/2023	
Relationship to debtor	\$10,000.00	08/14/2023	
President	\$10,000.00	06/21/2023	

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

☒ No

☐ Yes. Identify below.

Name of the parent corporation Employer Identification number of the parent corporation

EIN: _____

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

☒ No

☐ Yes. Identify below.

Name of the pension fund Employer Identification number of the pension fund

EIN: _____

Part 14: Signature and Declaration

Name

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 04/12/2024
MM/ DD/ YYYY

X /s/ Yun Kim, MD Printed name Yun Kim, MD
Signature of individual signing on behalf of the debtor

Position or relationship to debtor President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No

☐ Yes

Fill in this information to identify the case:

Debtor name Integrative Medical Home Care, PLLC

United States Bankruptcy Court for the:

Western District of Texas

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders****12/15**

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an *insider*, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	Amsterdam Capital Solutions 135 E 57th Street Floor 15 New York, NY 10022		Merchant Funding Agreement		\$27,348.00	\$149,288.67	\$27,348.00
2	Biz Fund 2371 McDonald Avenue 2nd Floor Brooklyn, NY 11223		Merchant Funding Agreement		\$22,220.00	\$149,288.67	\$22,220.00
3	Internal Revenue Service CCP-LU Amanda Bowman 12309 N. Mopac Expwy Austin, TX 78758		Payroll taxes		\$340,966.97	\$149,288.67	\$340,966.97
4	Mariah Barnes 14735 East Highway 215 Stockton, MO 65785		Postponed payroll				\$3,338.51
5	On Deck Capital 4700 W. Daybreak Pkwy. #200 South Jordan, UT 84009		Merchant Funding Agreement		\$326,966.54	\$149,288.67	\$177,677.87
6	Thomas Daniel, MD 104 Wolf Creek Way Round Rock, TX 78664		Postponed payroll				\$38,160.00
7	Yun W. Kim, MD 2412 Arbor Drive Round Rock, TX 78681		Personal Loans, tax payments made on behalf of IMHC				\$240,887.97
8							

Debtor Integrative Medical Home Care, PLLC

Case number (if known) _____

Name

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

B2030 (Form 2030) (12/15)

United States Bankruptcy Court

Western District of Texas

In re Integrative Medical Home Care, PLLC

Case No. _____

DebtorChapter 11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept \$16,738.00

Prior to the filing of this statement I have received \$3,500.00

Balance Due \$13,238.00

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

B2030 (Form 2030) (12/15)

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

04/12/2024
Date

/s/ Frank B Lyon
Frank B Lyon
Signature of Attorney

Bar Number: 12739800
Frank B Lyon
PO Box 50210
Austin, TX 78763-0210
Phone: (512) 345-8964

Frank B Lyon
Name of law firm

**IN THE UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
AUSTIN DIVISION**

IN RE: **Integrative Medical Home Care, PLLC**

CASE NO

CHAPTER 11

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 04/12/2024

Signature /s/ Yun Kim, MD
Yun Kim, MD, President

Aetna Medicare South Central
Network
Network Management
P O Box 818042
Cleveland, OH 44181-8042

Amsterdam Capital Solutions
135 E 57th Street Floor 15
New York, NY 10022

BCBS Medicare Advantage
1001 E. Lookout Drive
Richardson, TX 75082

BCBS of Texas
Arboretum Plaza II
9442 Capital of Texas Hwy N Suite 500
Austin, TX 78759-7228

Biz Fund
2371 McDonald Avenue 2nd Floor
Brooklyn, NY 11223

Brian Schechter
315 Ave U
Brooklyn, NY 11223

Cigna
AVP Provider of Contracting
2088 North Loop West Suite 7
Houston, TX 77092

Heritage Office Suites
1000 Heritage Center Circle
Round Rock, TX 78664

Humana
1221 S Mopac Expy Suite 300
Austin, TX 78746-7664

Internal Revenue Service
CCP-LU Amanda Bowman
12309 N. Mopac Expwy
Austin, TX 78758

Mariah Barnes
14735 East Highway 215
Stockton, MO 65785

Medicare
Novitas Solutions Cashier
PO Box Box 3106
Mechanicsburg, PA 17055-1822

On Deck Capital
4700 W. Daybreak Pkwy. #200
South Jordan, UT 84009

Railroad Medicare/Palmetto
GBA
PO Box Box 10066
Augusta, GA 30999-0001

Thomas Daniel, MD
104 Wolf Creek Way
Round Rock, TX 78664

WellMed Networks, Inc.
8637 Fredricksburg Road Suite 360
San Antonio, TX 78240

Yun W. Kim, MD
2412 Arbor Drive
Round Rock, TX 78681

4:04 PM

Integrative Medical Home Care

03/19/24

Profit & Loss

Accrual Basis

January 1 through March 19, 2024

	Jan 1 - Mar 19, 24
Ordinary Income/Expense	
Income	
Fee Income	269,676.82
Other Income	
Employee Benefits Reimbursement	12,446.59
Other Income - Other	0.00
Total Other Income	12,446.59
Total Income	282,123.41
Gross Profit	282,123.41
Expense	
Accountant	1,000.00
Advertising & Marketing	82.63
Bank Charges & Fees	463.46
Computer and Internet Expenses	1,386.45
Contract Labor	11,866.00
Insurance	
Accident Supplement	789.84
Dental Insurance	1,993.21
Disability Insurance	988.12
Health Insurance	3,622.96
Life Insurance	119.72
Malpractice Insurance	3,009.00
Specified Event Insurance	0.00
Vision Insurance	173.06
Workers Comp Insurance	727.78
Total Insurance	11,423.69
Interest Paid	108.53
Legal & Professional Services	5,000.00
Office Expense	8,164.26
Office Supplies & Software	7,994.15
Payroll Expenses	241,231.19
Payroll Reimbursement	-2,000.00
Payroll Taxes	18,664.77
Penalties	660.00
Postage	299.33
Reconciliation Discrepancies	2,600.00
Rent & Lease	2,301.39
Telephone	2,478.17
Total Expense	313,724.02
Net Ordinary Income	-31,600.61
Other Income/Expense	
Other Expense	
Ask My Accountant	4,745.33
Total Other Expense	4,745.33
Net Other Income	-4,745.33
Net Income	-36,345.94

4:03 PM

Integrative Medical Home Care

03/19/24

Balance Sheet

Accrual Basis

As of March 19, 2024

	Mar 19, 24
ASSETS	
Current Assets	
Checking/Savings	
B of A Business Checking (2238)	3,799.08
ERC Money	41,254.20
Frost Business Checking (2656)	-356,453.00
Total Checking/Savings	-311,399.72
Other Current Assets	
Payroll Asset	-651.69
Total Other Current Assets	-651.69
Total Current Assets	-312,051.41
TOTAL ASSETS	-312,051.41
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Credit Cards	
Frost Visa Credit Card	5,028.44
Total Credit Cards	5,028.44
Other Current Liabilities	
Amsterdam Capital	19,936.00
BIZ.COM	14,690.00
Frost Line of Credit	38,720.04
KALAMATA CAPITAL	46,071.00
Loan from Yun Kim MD PA (MDPA)	247,887.97
On Deck Capital	359,745.41
Payroll Liabilities	89,229.23
Total Other Current Liabilities	816,279.65
Total Current Liabilities	821,308.09
Total Liabilities	821,308.09
Equity	
Opening Balance Equity	-222,557.52
Retained Earnings	-874,456.04
Net Income	-36,345.94
Total Equity	-1,133,359.50
TOTAL LIABILITIES & EQUITY	-312,051.41

4:04 PM

03/19/24

Integrative Medical Home Care
Statement of Cash Flows
January 1 through March 19, 2024

	<u>Jan 1 - Mar 19, 24</u>
OPERATING ACTIVITIES	
Net Income	-36,345.94
Adjustments to reconcile Net Income to net cash provided by operations:	
Frost Visa Credit Card	-2,631.01
Amsterdam Capital	-19,767.00
BIZ.COM	-22,590.00
Frost Line of Credit	-1,168.52
KALAMATA CAPITAL	-1,905.00
Loan from Yun Kim MD PA (MDPA)	8,000.00
On Deck Capital	51,313.63
Payroll Liabilities	4,771.42
Net cash provided by Operating Activities	<u>-20,322.42</u>
Net cash increase for period	-20,322.42
Cash at beginning of period	<u>-291,077.30</u>
Cash at end of period	<u><u>-311,399.72</u></u>

Form **1120-S****U.S. Income Tax Return for an S Corporation**

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service**Do not file this form unless the corporation has filed or
is attaching Form 2553 to elect to be an S corporation.****Go to www.irs.gov/Form1120S for instructions and the latest information.****2022**

For calendar year 2022 or tax year beginning , ending

A S election effective date 1/1/2020	TYPE OR PRINT	Name Integrative Medical Home Care PLLC	D Employer identification number
B Business activity code number (see instructions) 621111		Number, street, and room or suite no. If a P.O. box, see instructions. 11207 N Lamar Blvd., Ste. B	E Date incorporated 7/19/2018
C Check if Sch. M-3 attached <input type="checkbox"/>		City or town State ZIP code Austin TX 78753	F Total assets (see instructions) \$ 0
		Foreign country name Foreign province/state/county Foreign postal code	

G Is the corporation electing to be an S corporation beginning with this tax year? See instructions. ☐ Yes ☒ No

H Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change (4) ☐ Amended return (5) ☐ S election termination

I Enter the number of shareholders who were shareholders during any part of the tax year 1

J Check if corporation: (1) ☐ Aggregated activities for section 465 at-risk purposes (2) ☐ Grouped activities for section 469 passive activity purposes

Caution: Include **only** trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Income	1a Gross receipts or sales	1a 1,152,795	
	b Returns and allowances	1b	
	c Balance. Subtract line 1b from line 1a		1c 1,152,795
	2 Cost of goods sold (attach Form 1125-A)		2
	3 Gross profit. Subtract line 2 from line 1c		3 1,152,795
	4 Net gain (loss) from Form 4797, line 17 (attach Form 4797)		4
Deductions (see instructions for limitations)	5 Other income (loss) (see instructions—attach statement)		5 28,622
	6 Total income (loss). Add lines 3 through 5		6 1,181,417
	7 Compensation of officers (see instructions — attach Form 1125-E)		7
	8 Salaries and wages (less employment credits)		8 1,319,343
	9 Repairs and maintenance		9
	10 Bad debts		10
	11 Rents		11
	12 Taxes and licenses		12 125,783
	13 Interest (see instructions)		13 393
	14 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)		14
	15 Depletion (Do not deduct oil and gas depletion.)		15
	16 Advertising		16 5,335
	17 Pension, profit-sharing, etc., plans		17
	18 Employee benefit programs		18
	19 Other deductions (attach statement)		19 169,574
20 Total deductions. Add lines 7 through 19		20 1,620,428	
21 Ordinary business income (loss). Subtract line 20 from line 6		21 -439,011	
Tax and Payments	22a Excess net passive income or LIFO recapture tax (see instructions)	22a	
	b Tax from Schedule D (Form 1120-S)	22b	
	c Add lines 22a and 22b (see instructions for additional taxes)		22c 0
	23a 2022 estimated tax payments and 2021 overpayment credited to 2022	23a	
	b Tax deposited with Form 7004	23b	
	c Credit for federal tax paid on fuels (attach Form 4136)	23c	
	d Add lines 23a through 23c		23d 0
	24 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>		24
	25 Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed		25 0
	26 Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid		26 0
27 Enter amount from line 26: Credited to 2023 estimated tax Refunded		27 0	

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer	Date	Title	President
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May the IRS discuss this return with the preparer shown below? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--

Paid Preparer Use Only

Print/Type preparer's name Hua Gray	Preparer's signature	Date 12/6/2023	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00333878
Firm's name Hua Gray, CPA	Firm's address 13002 Tapadero Dr	City Austin	State TX	ZIP code 78727

For Paperwork Reduction Act Notice, see separate instructions.Form **1120-S** (2022)

Schedule B		Other Information (see instructions) <i>(continued)</i>	Yes	No
12	During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?			X
	If "Yes," enter the amount of principal reduction \$			
13	During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions		X	
14a	Did the corporation make any payments in 2022 that would require it to file Form(s) 1099?		X	
b	If "Yes," did or will the corporation file required Form(s) 1099?		X	
15	Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund?			X
	If "Yes," enter the amount from Form 8996, line 15 \$			

Schedule K		Shareholders' Pro Rata Share Items		Total amount	
Income (Loss)	1	Ordinary business income (loss) (page 1, line 21)	1		-439,011
	2	Net rental real estate income (loss) (attach Form 8825)	2		
	3a	Other gross rental income (loss) 3a			
	b	Expenses from other rental activities (attach statement) 3b			
	c	Other net rental income (loss). Subtract line 3b from line 3a 3c			0
	4	Interest income 4			
	5	Dividends: a Ordinary dividends 5a			
		b Qualified dividends 5b			
	6	Royalties 6			
	7	Net short-term capital gain (loss) (attach Schedule D (Form 1120-S)) 7			
Deductions	8a	Net long-term capital gain (loss) (attach Schedule D (Form 1120-S)) 8a			
	b	Collectibles (28%) gain (loss) 8b			
	c	Unrecaptured section 1250 gain (attach statement) 8c			
	9	Net section 1231 gain (loss) (attach Form 4797) 9			
	10	Other income (loss) (see instructions) Type: 10			
	11	Section 179 deduction (attach Form 4562) 11			
	12a	Charitable contributions 12a			
	b	Investment interest expense 12b			
	c	Section 59(e)(2) expenditures Type: 12c			
	d	Other deductions (see instructions) Type: 12d			
Credits	13a	Low-income housing credit (section 42(j)(5)) 13a			
	b	Low-income housing credit (other) 13b			
	c	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable) 13c			
	d	Other rental real estate credits (see instructions) Type: 13d			
	e	Other rental credits (see instructions) Type: 13e			
	f	Biofuel producer credit (attach Form 6478) 13f			
	g	Other credits (see instructions) Type: 13g			
Inter-national	14	Attach Schedule K-2 (Form 1120-S), Shareholders' Pro Rata Share Items—International, and check this box to indicate you are reporting items of international tax relevance <input type="checkbox"/>			
Alternative Minimum Tax (AMT) Items	15a	Post-1986 depreciation adjustment 15a			
	b	Adjusted gain or loss 15b			
	c	Depletion (other than oil and gas) 15c			
	d	Oil, gas, and geothermal properties—gross income 15d			
	e	Oil, gas, and geothermal properties—deductions 15e			
	f	Other AMT items (attach statement) 15f			
Items Affecting Shareholder Basis	16a	Tax-exempt interest income 16a			
	b	Other tax-exempt income 16b			
	c	Nondeductible expenses 16c			
	d	Distributions (attach statement if required) (see instructions) 16d			
	e	Repayment of loans from shareholders 16e			
	f	Foreign taxes paid or accrued 16f			

Schedule K		Shareholders' Pro Rata Share Items (continued)	Total amount	
Other Information	17a	Investment income	17a	
	b	Investment expenses	17b	
	c	Dividend distributions paid from accumulated earnings and profits	17c	
	d	Other items and amounts (attach statement)		
Reconciliation	18	Income (loss) reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 16f . .	18	-439,011

Schedule L		Balance Sheets per Books		Beginning of tax year		End of tax year	
		Assets	(a)	(b)	(c)	(d)	
1		Cash					
2a		Trade notes and accounts receivable					
b		Less allowance for bad debts		0		0	
3		Inventories					
4		U.S. government obligations					
5		Tax-exempt securities (see instructions)					
6		Other current assets (attach statement)					
7		Loans to shareholders					
8		Mortgage and real estate loans					
9		Other investments (attach statement)					
10a		Buildings and other depreciable assets					
b		Less accumulated depreciation		0		0	
11a		Depletable assets					
b		Less accumulated depletion		0		0	
12		Land (net of any amortization)					
13a		Intangible assets (amortizable only)					
b		Less accumulated amortization		0		0	
14		Other assets (attach statement)					
15		Total assets		0		0	
		Liabilities and Shareholders' Equity					
16		Accounts payable					
17		Mortgages, notes, bonds payable in less than 1 year					
18		Other current liabilities (attach statement)		117,138		564,597	
19		Loans from shareholders					
20		Mortgages, notes, bonds payable in 1 year or more					
21		Other liabilities (attach statement)					
22		Capital stock					
23		Additional paid-in capital		10,384		1,936	
24		Retained earnings		(127,522)		(566,533)	
25		Adjustments to shareholders' equity (attach statement)					
26		Less cost of treasury stock					
27		Total liabilities and shareholders' equity		0		0	

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return**Note:** The corporation may be required to file Schedule M-3. See instructions.

1	Net income (loss) per books	-439,011	5	Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2	Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize) -----		a	Tax-exempt interest \$ -----	0
3	Expenses recorded on books this year not included on Schedule K, lines 1 through 12, and 16f (itemize):		6	Deductions included on Schedule K, lines 1 through 12, and 16f, not charged against book income this year (itemize):	
a	Depreciation \$ -----		a	Depreciation \$ -----	0
b	Travel and entertainment \$ -----	0	7	Add lines 5 and 6	0
4	Add lines 1 through 3	-439,011	8	Income (loss) (Schedule K, line 18). Subtract line 7 from line 4	-439,011

Schedule M-2 Analysis of Accumulated Adjustments Account, Shareholders' Undistributed Taxable Income Previously Taxed, Accumulated Earnings and Profits, and Other Adjustments Account
(see instructions)

	(a) Accumulated adjustments account	(b) Shareholders' undistributed taxable income previously taxed	(c) Accumulated earnings and profits	(d) Other adjustments account
1	Balance at beginning of tax year	-127,522		
2	Ordinary income from page 1, line 21			
3	Other additions			
4	Loss from page 1, line 21	-439,011		
5	Other reductions			
6	Combine lines 1 through 5	-566,533	0	0
7	Distributions			
8	Balance at end of tax year. Subtract line 7 from line 6	-566,533	0	0

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☐ Final K-1☐ Amended K-1

OMB No. 1545-0123

**Schedule K-1
(Form 1120-S)**Department of the Treasury
Internal Revenue Service**2022**

For calendar year 2022, or tax year

beginning

ending

**Shareholder's Share of Income, Deductions,
Credits, etc.**

See separate instructions.

Part I Information About the Corporation**A** Corporation's employer identification number**B** Corporation's name, address, city, state, and ZIP codeIntegrative Medical Home Care PLLC
11207 N Lamar Blvd., Ste. B
Austin, TX 78753**C** IRS Center where corporation filed return
e-file**D** Corporation's total number of shares

Beginning of tax year

End of tax year

Part II Information About the Shareholder**E** Shareholder's identifying number

Shareholder: 1

F Shareholder's name, address, city, state, and ZIP codeYun W Kim
11207 N. Lamar Blvd Suite B
Austin, TX 78753**G** Current year allocation percentage 100.000000 %**H** Shareholder's number of shares

Beginning of tax year

End of tax year

I Loans from shareholder

Beginning of tax year \$

End of tax year \$

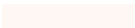
For IRS Use Only

**Part III Shareholder's Share of Current Year Income,
Deductions, Credits, and Other Items**

1	Ordinary business income (loss)	13	Credits
	-439,011		
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Schedule K-3 is attached if checked <input type="checkbox"/>
6	Royalties	15	Alternative minimum tax (AMT) items
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)	16	Items affecting shareholder basis
10	Other income (loss)		
		17	Other information
		V*	See Attached Stmt
11	Section 179 deduction	AC	1,090,137
12	Other deductions		
18	<input type="checkbox"/> More than one activity for at-risk purposes*		
19	<input type="checkbox"/> More than one activity for passive activity purposes*		

* See attached statement for additional information.

Yun W Kim



K-1 Statement (Sch K-1, Form 1120S)

Line 17 - Other Information

AC Code AC - Gross receipts for section 448(c) **AC** 1,090,137

Section 199A Information (Code V)

Income Items	Non-SSTB	SSTB
Ordinary Income	<u>0</u>	<u>-439,011</u>
Additional Information		
Section 199A W-2 wages	<u>0</u>	<u>1,319,343</u>

Line 5 (1120S) - Other Income (Loss)

1	Reimbursed benefits	1	28,622
2	Total other income (loss)	2	28,622

Line 19 (1120S) - Other Deductions

1	Travel, Meals and Entertainment		
a	Travel	1a	100
b	Meals, subject to 100% limit (Business meals paid or incurred in 2021 or 2022)	1b	1,789
g	Subtract line f from lines b, c, d and e	1g	1,789
2	Accounting	2	2,200
3	Bank charges and fees	3	2,889
4	Computer hardware	4	4,533
5	Continue education	5	100
6	Contract labor	6	59,703
7	Equipment rental	7	2,650
8	Insurance	8	16,578
9	Legal and professional fees	9	8,000
10	Medical supplies	10	1,324
11	Office expenses	11	11,849
12	Office supplies	12	38,985
13	Postage	13	5,086
14	Telephone	14	13,588
15	Utilities	15	200
16	Total other deductions	16	169,574

Line 17d, Sch K (1120S) - Other Items and Amounts

AC Code AC - Gross receipts for section 448(c) AC 1,090,137

Section 199A Information

Income Items	Non-SSTB	SSTB
Ordinary Income	0	-439,011
Additional Information		
Section 199A W-2 wages	0	1,319,343

Line 18, Sch L (1120S) - Other Current Liabilities

	Beginning	End
1 Payroll liabilities	57,570	29,496
2 Credit card	2,545	6,071
3 Checking overdraft	57,023	190,183
4 Frost line of credit		47,067
5 Loan from affiliated company		125,503
6 On Deck Capital		165,750
7 Payroll loan		527
8 Total other current liabilities	117,138	564,597